



Research Update is published by the Butler Center for Research to share significant scientific findings from the field of addiction treatment research.

RESEARCHUPDATE

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The Importance of Continuing Care

Alcohol and drug dependence are chronic conditions that are often characterized by relapse to using. Thankfully, treatment is effective in restoring lives, but this is only the first step in the lifelong journey of recovery. Ongoing care can be critical in maximizing a person's chance of sustaining long-term abstinence. This issue of *Research Update* reviews the research literature on the impact of continuing care on treatment outcomes.

Continuing Care Programs

Many people in residential or outpatient addiction treatment programs are referred to some type of ongoing care after completing treatment. Based on an individual's needs and support network, referrals may be made to long-term care programs, transitional programs (also known as halfway houses), sober residences, or continuing care programs. Continuing care, also known as aftercare, stepped down care, or extended intervention, typically involves one to two outpatient sessions per week for several months following completion of a more intensive treatment program.¹ Increased effort has been dedicated to developing evidence-based continuing care programs that deliver long-term clinical assistance and support to individuals. The primary forms of continuing care include individual and group therapy sessions, brief check-ups, and attendance at Twelve Step meetings and other support groups.¹

The Effectiveness of Continuing Care

In general, continuing care is related to long-term improvement of substance use outcomes following treatment.^{2,3} Schaefer et al. (2011) examined the association between continuing care engagement and abstinence among 865 patients who recently received either residential or intensive outpatient treatment for substance dependence. The authors found that the probability of patients remaining abstinent increased by 20% for each consecutive month they were engaged in continuing care services during a 6-month post-discharge period.⁴

Scott and Dennis (2009) examined the efficacy of a continuing care program called Recovery Management Checkup (RMC). The RMC program offers individuals who are in recovery ongoing assessments to detect relapse, telephone-based and face-to-face motivational interviewing with personalized feedback, and treatment referrals following discharge from a primary care facility. Upon admission to a primary care facility, patients with alcohol and/or drug dependence were randomly assigned to an RMC or a control condition (received only assessments with no treatment referrals or motivational interviewing). Patients from both groups were then interviewed by trained research staff approximately every 90 days for 2 years. During the final 90 days of the study, RMC patients (vs. controls) had significantly more days of abstinence (480 vs. 430 days) and fewer symptoms of abuse, dependence, and/or substance-induced problems.⁵

Despite their effectiveness in managing substance use disorders, continuing care programs have limitations. These limitations include insufficient scheduling flexibility, limited treatment options, lack of patient anonymity, and the cost and time needed to effectively carry out continuing care interventions.¹ Web-based continuing care interventions have been developed to address these issues. Compared to other

THE HAZELDEN EXPERIENCE

The staff at Hazelden knows the value of continuing care. Outcomes data consistently show better results for those patients who receive ongoing services. Hazelden offers a continuum of services including prevention, treatment, long-term care, transitional programs, a sober residence, and continuing care groups. Following treatment, recovery-focused services include a web-based program called MORE[®], or My Ongoing Recovery Experience. Combined with alumni meetings and events, these programs are designed to help individuals find and sustain ongoing recovery.



My Ongoing Recovery Experience (MORE)

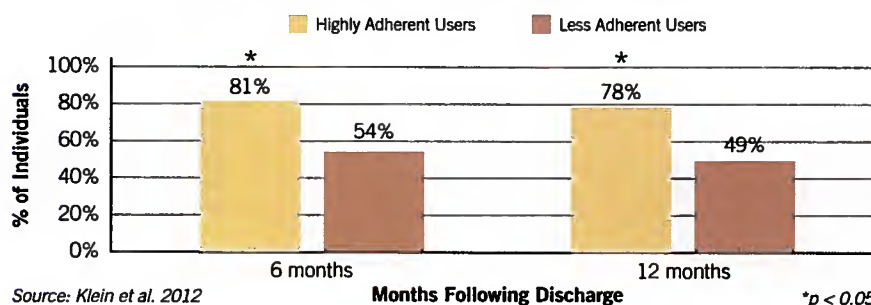
Hazelden understands the importance of continuing care and has developed innovative continuing care programs to assist and support long-term recovery in individuals with substance dependence. My Ongoing Recovery Experience (MORE) is a web-based recovery support program designed by licensed alcohol and drug counselors at Hazelden to support and address the needs of Hazelden patients following discharge from treatment. The program includes clinical content based on several evidence-based treatment approaches including Twelve Step facilitation, Cognitive Behavioral Therapy, and Motivational Enhancement Therapy. Patients complete computerized assessments and then receive individually-tailored content and feedback based on their current needs and concerns. MORE also allows the patient to regularly contact their recovery coach (a licensed alcohol/drug counselor) via telephone and email for a period of 18 months following treatment. The efficacy of MORE has been empirically validated to help individuals in their recovery process.^{1,8}

Mobile MORE Field Guide to Life™

Earlier this year, Hazelden developed the MORE Field Guide to Life mobile application. This innovative application offers the entire recovery community anywhere/anytime mobile access to some of the content found in Hazelden's MORE program. The Field Guide to Life is based on current brain research, Stages of Change, Motivational Enhancement Therapy, and Cognitive Behavioral Therapy. The application has several features, such as essential recovery and relapse prevention skills, allowing users to track their sobriety and progress on recovery milestones, and easy access to an individualized support network of family, friends, peers in recovery, and Twelve Step meetings. The Mobile MORE Field Guide to Life is available for iPhone, iPad, iPod Touch and Android devices.

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Continuous Abstinence Rates and MORE Usage



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Hazelden Connection™

The Hazelden Connection program is a specialized continuing care program that offers extensive face-to-face personal coaching, accountability verification reports, family involvement, and regular drug testing. This intensive, 18-month recovery management program is designed for anyone who needs additional support and accountability early in recovery. It is ideal for people facing legal issues, custody matters, loss of professional license, or other life consequences related to problematic substance use. All Connection patients are also enrolled in the Hazelden MORE program for additional continuing care support.

For additional information on MORE, Mobile MORE Field Guide to Life and Hazelden Connection please visit hazelden.org.

HOW TO USE THIS INFORMATION

- **People receiving treatment:** Carefully consider your counselor's recommendations for care after treatment. The longer the duration of ongoing care you receive, the better your long-term health.
- **Family members:** Support your loved one in his or her continuing care efforts. While it may mean extra time away from home, your loved one will benefit from the ongoing care and, as a result, so will you and your family as a whole.
- **Providers:** Utilize proven strategies to improve continuing care initiation and attendance among your patients.

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The Butler Center for Research informs and improves recovery services and produces research that benefits the field of addiction treatment. We are dedicated to conducting clinical research, collaborating with external researchers, and communicating scientific findings.

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The Importance of Continuing Care

continuing care interventions, computer-based programs are easily accessible and relatively inexpensive for both treatment providers and patients.^{6,7,8} Two recent studies examined the relationship between treatment outcomes and usage of My Ongoing Recovery Experience (MORE™), a web-based continuing care program developed by Hazelden staff.^{9,10} In a study of patients discharged from residential treatment, Klein et al. (2012) found that patients who accessed a large number of MORE program modules (highly adherent users) were significantly more likely to be continuously abstinent 6 and 12 months after treatment than patients who accessed fewer modules (less adherent users; see figure on page one).⁹ Klein et al. (in press) extended this result in a subsequent study of residential patients: both the total number of program logins and the total number of module pages accessed significantly predicted the number of alcohol use days at 6 months post-treatment.¹⁰

Strategies to Improve Attendance

Because attendance in continuing care programs is related to better outcomes, research attention has focused on increasing levels of patient engagement with these programs. One method of improving continuing care compliance is to begin the planning of patient continuing care early on, while patients are still receiving treatment in the primary care facility. Schaefer et al. (2011) demonstrated that the implementation of discharge plans that included scheduling continuing care appointments, coordinating prospective continuing care with providers, and assisting patients with post-discharge treatment referrals and sober living arrangements increased the number of consecutive months patients engaged in continuing care 6 months following discharge from the primary care facility.⁴

An additional strategy to improve continuing care utilization is the use of incentives. Van Horn et al. (2011) randomly assigned 195 cocaine-dependent patients who recently completed intensive outpatient treatment to telephone-based continuing care with or without a monetary incentive. Patients that received monetary incentives completed a significantly higher percentage of total continuing care sessions than patients that did not receive incentives (67% vs. 39%) over a 12-month period following the initial treatment.¹¹

Research suggests that programs that adapt to the specific needs and recovery status of patients are effective in preventing relapse.¹ This methodology incorporates assessments over multiple time periods and tailors treatment strategies in response to these assessments. To this end, Lash and colleagues developed a program that uses contracts, prompts, and low cost reinforcement (CPR) to increase continuing care engagement. Patients are asked to commit to a specified amount of continuing care (contract), receive letters and automated telephone messages reminding them of upcoming appointments and missed appointments (prompts), and are rewarded following completion of treatment milestones via medallions and personal letters from counselors. In one study, patients that were recently discharged from a residential substance abuse program were randomly assigned to a CPR condition or a standard treatment condition. Approximately 74% of patients in the CPR condition attended at least two aftercare sessions per month during each of the first 2 months of aftercare compared to 45.3% of controls that received standard treatment.¹²

Summary

Continuing care promotes the gains made during initial treatment for alcohol and drug dependence and increases an individual's chances of long-term abstinence. Several strategies, ranging from attendance reminders and incentives to at-home visits, have been shown to increase engagement in ongoing care.



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